

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

<p>1. Agency/Subagency originating request</p> Department of the Interior Minerals Management Service	<p>2. OMB control number</p> <p>a. <u> 1 0 1 0 - 0 1 1 0 </u></p> <p>b. ___ None</p>																																				
<p>3. Type of information collection (<i>check one</i>)</p> <ul style="list-style-type: none"> a. ___ New collection b. ___ Revision of a currently approved collection c. <u>x</u> Extension of a currently approved collection d. ___ Reinstatement, without change, of a previously approved collection for which approval has expired e. ___ Reinstatement, with change, of a previously approved collection for which approval has expired f. ___ Existing collection in use without an OMB control number <p><i>For b-f, note item A2 of Supporting Statement instructions</i></p>	<div> 4. Type of review requested (<i>check one</i>) a. <u>x</u> Regular b. ___ Emergency - Approval requested by: ____/____/ c. ___ Delegated </div> <hr/> <div> 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? __ Yes <u>x</u> No </div> <hr/> <div> 6. Requested expiration date a. <u>x</u> Three years from approval date b. ___ Other Specify: _____ </div>																																				
<p>7. Title</p> Training and Outreach Evaluation Form (Form MMS-4420 A-F).																																					
<p>8. Agency form number(s) (<i>if applicable</i>)</p> Form MMS-4420 A-F																																					
<p>9. Keywords</p> Customer Service, training, outreach, evaluation questionnaires, trainers/presenters, participant response, industry, States, Indian tribes, and allottees																																					
<p>10. Abstract</p> The information collected will be used by MMS to enhance future training and outreach sessions and to improve our service.																																					
<p>11. Affected public (<i>Mark primary with "P"</i> and all others that apply with "X")</p> <ul style="list-style-type: none"> a. ___ Individuals or households b. <u>P</u> Business or other for-profit c. ___ Not-for-profit institutions d. ___ Farms e. <u>X</u> Federal Government f. <u>X</u> State, Local or Tribal Government 	<p>12. Obligation to respond (<i>Mark primary with "P"</i> and all others that apply with "X")</p> <ul style="list-style-type: none"> a. <u>P</u> Voluntary b. ___ Required to obtain or retain benefits c. ___ Mandatory 																																				
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<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><u> x </u> Yes __ No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Sharron Gebhardt</u></p> Phone: <u>(303) 231-3211</u>																																				

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

Note: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions.
The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3);
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

OMB Control No.: 1010-0110

Signature of Senior Official or designee

H. Theodore Heintz

Date